USAID Community Care Program (USAID Programa de Cuidados Comunitários)
Task Order No. GHH-I-05-07-00043-00

Date of Submission: 30 April 2013

1. **Project Duration: (5)** Five years

2. **Starting Date:** September 2010

3. **Life of project funding:** September 2010 – September 2015

4. **Geographic Focus**: Maputo, Inhambane, Sofala, Manica, Tete, Cabo-Delgado and Niassa Provinces.

5. **Program/Project Results per Contract**

USAID/Mozambique's Community Care Program (CCP), also known as Programa de Cuidados Comunitários (PCC) in Portuguese, is designed to strengthen the community-based response to HIV/AIDS in seven provinces and improve the health and quality of life of people living with HIV (PLHIV), orphans and vulnerable children (OVC), and pre- or post-partum women. Working in close partnership with civil society organizations (CSOs), the Ministry of Health (MoH, or MISAU in Portuguese), the Ministry of Women and Social Action (MMAS in Portuguese), and the private sector, CCP will also strengthen the government's capacity to coordinate, manage, and oversee an integrated continuum of care and support and will build the CSOs' capacity to provide comprehensive, community-based care and support services. Within five years, CCP will achieve for PLHIV, pre- or post-partum women, OVC and their families: increased provision of family-centered, community-based HIV care and support services, and increased access to economic strengthening activities and resources for HIV-affected households.

The CCP results are:

1) Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.
2) Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).
3) Increased numbers of HIV/AIDS positive individuals and affected households have adequate assets to absorb the shocks brought on by chronic illness.

CCP also applies six cross-cutting strategies to ensure the sustainability of project results, including: 1) community-driven approaches; 2) services integration; 3) capacity building and systems strengthening; 4) partnership and coordination; 5) performance improvement; and 6) gender-sensitive and age-appropriate interventions.

Summary of the reporting period

In this second quarter of the third year, CCP is achieving a level of maturity that is demonstrated through the realization of significant progress toward targets in all areas of the complex project. Capacity building of CSOs in management, gender, psychosocial support and child protection, data management, referrals and economic strengthening of activities is widespread and well received. The development and use of quality assessments in all areas – technical and, organizational – is strengthening the CPP family approach, coordination with government and

community participation for the benefit of all target groups. The effectiveness of the *activistas* is marked by their performance of only 1% of HBC clients lost to follow up, and *busca activa* results are also strong. See Data Annexes 3 and 5, respectively.

Result 1: Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.

Activity Area 1.1: Training and capacity building of CSOs and providers in community-based care and support

- CCP collaborates with CAP Mozambique (formerly under AED, now under FHI 360) to carry out Organizational Capacity Building in the provinces where both projects overlap. CAP provided training to a total of 83 CCP project CSO participants from Maputo and Sofala Provinces based on its training modules, as follows. Over time, all the CAP-CCP CSOs in the three shared provinces will undergo all the CAP modules, taking place in earlier and future reporting periods, as well as in this quarter. CAP was able to add four more CSOs to their targets this quarter, bringing the total to 16.

  "Generally, CCP sub-grantees are extremely enthusiastic about and responsive to support targeting organizational development, as they have never previously been offered this type of support. Many note that they wish they had received this support earlier, as it would have increased the effectiveness of their project implementation." CAP Mozambique Q2-Yr3 report, which see also for % increase information from pre- and post-test scores.

Table 1: Q 2-Yr3 Capacity Building to CSOs from January to March by Province

Nr of Trainings	Participants	Module	Province	Organization	Participants		
					M	F	Total
1	Fiscal Board (01), Coordinator (01), M & E technical Officer (01), Administrator (01), Program managers (02), members (7)	Governance and leadership management	Maputo	Confhic	8	5	13
1	Board of Directors (01), Executive Director (01), Planning Officer (01), Program manager (01) Administrator (01), members (10)	Governance and leadership management	Sofala	Kuwangissana	9	6	15
1	Chairperson of the board of directors (01) ,Fiscal Board (01), Coordinator (01), Administrator (02), members (6)	Governance and leadership management	Sofala	Ajuda Crista	9	2	11

1	Vice/Chairperson of the fiscal board (01), Coordinator (01), M & E Officer (01), Supervisor (01), Administrator (01), Advisor (1), members (8)	Governance and leadership management	Sofala	Comusanas	8	6	14
1	Chairperson of the board of directors (01), Vice/Chairperson of the fiscal board (01), Coordinator (01), M & E Officer (1), Administrator (01), Program managers (02), members(8)	Association	Sofala	Comusanas, Kuwangissana	11	4	15
1	Board of Directors (01), Executive Secretary (01), Officers (01), Administrators (01), members (11)	Association	Sofala	Ajuda Crista	10	5	15
		TOTAL			**55**	**28**	**83**

CCP maintains a continuous technical capacity building focus as well. Each reporting period reflects a combination of technical trainings based on implementer need, such as a new CSO starting up receiving initial trainings, or the length of time from initial training to trigger the annual refresher training. At times, technical staff will also initiate a refresher if a CSO seems to be off track in an area of its implementation. See Table 2 below for technical training summary.

- The psychosocial support refresher training participants were majority *activistas*, and also included their CSO supervisor, nurse, coordinator, and program officers.

- The Child Protection and Rights trainings (ToT and subsequent *activista* training) are new this quarter, and did include a community leader in the ToT. More and more community leaders will be invited to be trained as this aspect goes forward.

- Gender Mainstreaming ToT was conducted in Sofala and Cabo Delgado Provinces this reporting period, including the CSO supervisor, and district level Social Action technical officer for each district involved in the ToT.

New trainers in Cabo Delgado then cascaded the Gender Mainstreaming training to the Pemba district CSO *activistas*, supervisor, nurse, coordinator, program officer – all the relevant implementing partner personnel - and included the SDSMAS Social Action Focal Point and some community leaders. CCP believes this broadly inclusive approach builds community awareness and fosters collaboration between key stakeholders in their own communities. The Maputo province Gender Mainstreaming cascade trainings were conducted by those receiving ToT in earlier reporting periods.

- Integrated HBC/OVC initial training was conducted with the new CSO from Gorongoza district in Sofala province. Earlier CCP investments in ANEMO trainer accreditation processes bear the fruit of locally available accredited trainers for providing such trainings; this avoids pulling trainers from Maputo at higher expense.

- Similarly, the HBC/OVC annual refresher trainings in Tete province, were facilitated by ANEMO accredited trainers from DPS and DPMAS based there.

- M&E refresher trainings were conducted in Tete province. The recently started up CSO in Gorongoza district received induction training on M&E tools to support their routine data collection.

- In Maputo Province (all districts) and Cabo-Delgado (Pemba), a total of 186 *activistas*, supervisors and program officers (40 male, 146 female) were trained on using the MUAC tape (Middle upper arm circumference) and identification of bilateral edema.

Table 2: Training and Refresher* Training by area and gender in Q2 Yr 3

Province	PPS		TOT Child Protec-tion		Child protect-tion		Gender		Integra-ted HBC/OVC Initial		Integrated HBC/OVC Refresher		M&E		Q 2 Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Cabo delagado			1	2	12	19	12	19			7	15			87
Maputo							29	74							103
Niassa	63 *	109 *													172
Sofala			20	11			20	11	8	12			8	12	102
Tete	17	23									116	77	48	71	352
CCP Total	**80**	**132**	**21**	**13**	**12**	**19**	**61**	**104**	**8**	**12**	**123**	**92**	**56**	**83**	**816**

- In Cabo-Delgado Province, USAID-funded collaborating partner PSI provided training for 37 *activistas* and their CSO supervisors on cholera: 11 (4 male, 7 female) and on malaria: 26 (all female). These additional topic focus areas are very useful in the Pemba context, where they have been experiencing a cholera outbreak. The *activistas* are thus more fully equipped to provide needed health education to the families they serve and to strengthen their referral to clinical services skills.

- In Inhambane Province, WR officers provided refresher trainings to staff and *activistas* of the implementing partner CSO Utomi, on record keeping, the family approach, HBC/OVC service delivery, identifying and referring pre- and post-partum women, and the linkages between the CSO, other partners and the Child Protection Committees. Such refreshers were recommended from a CCP Technical Assistance visit, which observed that this CSO was a bit weak and needed more support. Utomi had not fully taken up recommendations from previous TA visits and the refresher trainings targeted those gaps. This type of technical vigilance is one of the strongest components FHI 360 offers its partners, and builds the overall technical capacity of the community level services providers.

- In Inhambane Province, exchange visits between 3 CSOs took place to share experiences on community service delivery, reflecting another useful approach to technical capacity building.

- 37 Joint Supervision visits targeting the *activista* care and support activities were carried out across project implementation areas with various DPS, DPMAS, NPCS, SDSMAS, ANEMO, CHASS SMT officials. The objective of these visits is to assure compliance with GRM care standards and to strengthen coordination between FHI 360, community, and government structures. This includes the referral and counter referral system with the Health Units (HU), and clarification of the different roles amongst partners in that system. Joint Supervision visits take place on a rotating basis, so not all 52 districts will necessarily be covered in any distinct reporting period.

  Such joint supervision visits often result in recommendations for CCP to consider. A frequent note to CCP is the lack of gloves and masks for *activistas* which reflects that the number of pairs of gloves in the HBC kit seems to be insufficient for the needs. For the near term, CCP can suggest that more of its CSOs negotiate with their partner HUs to provide these materials, as some HUs already do. For the long term, CCP can recommend to MISAU these necessary changes to the kit components – adding more gloves and including masks. Other major issues have been properly "graduating" the HBC clients and restocking of the HBC kits. CCP addresses the former issue by intensifying or reinforcing the HBC graduation criteria amongst the CSOs and *activistas,* the latter by having the CSOs assess their HBC kits' contents at about 4 months post restocking to realistically order the refill contents.

- During this reporting period a host of collaboration meetings were held in the CCP provinces with DPS, DPMAS, SDMAS, NPCS, CHASS SMT, CHASS N, ARV Committees, Health Units, PSI, ARIEL, NGO FORUM, FOCADE, BOM, Land O´Lakes, Africa-Works, and Community Leaders. These meetings significantly contribute to the capacity building of the community partners and their care and support provision, by clearly defining roles and responsibilities across the stakeholders and strengthening the linkages between them. As well, the interactions with other responsible bodies expands their knowledge and understanding of what GRM can and cannot do, and simply contributes to a growing professionalism among the CSOs. Two major focuses across all provinces have been the referral system and *busca activa*. Major results include a strengthened shared vision for the referral system from a leadership perspective. This complements the massive training effort on the referral/counter-referral tool (Guia de Referencia) (developed and discussed thoroughly over several reporting periods).

- Africare convened a Manica province meeting with DPS, DPMAS, RIMAS district representatives, all CSOs' coordinators which are implementing CCP activities in Manica, CCP technical team from Maputo, Africare Financial and Country Directors and the FHI 360 Regional Technical Advisor. Facilitated by the Provincial Health Director, the following took place, providing an excellent two way exposure of provincial government to the community services project and its implementers, and vice versa:

  - CCP: Yr 2 project results;

- CCP: Presentation of the referral tool, and explanation of its utilization;
- DPS: Information and orientation for GAACs being introduced in this quarter in Manica province;
- CCP: *"Busca activa"* system management and the importance of including PMTCT and CCR defaulters in the list;
- CCP: Mitigation of HIV impact for the CCP beneficiary families through economic strengthening activities.

CCP technical officers from central and provincial teams provided Technical Assistance (TA) across the project to ensure compliance in implementation. A total of 57 TA site visits were conducted during this reporting period with the following focus areas: standardizing the family approach, maximizing the Guia de Referencia for referrals to clinical and social services, supporting creation and function of Children's Clubs, continuous strengthening of linkages to partners, and mentoring on finance and administrative processes. Further on the referral tool, confidence is growing among those who fill in the form; probably any sticking point is on the health unit side as clinical staff in some places are still reluctant to "take the time" to fill in. More than encourage, CCP staff *invite* health unit staff to receive training on using the referral tool, in preparation for MISAU final approval and institutionalization of its use. Clinic staff in CCP implementation areas will be all ready for that time.

Also during this period, another round of rigorous FHI 360 TQAs took place with our Regional Team; a follow up to the TQA in Sofala (Nhamatanda, Dondo and Beira) and Niassa (Cuamba) from August 2012, and new TQAs in Tete (Changara and Tete Cidade) and Manica (Gondola and Mossurize). The data quality improvements found in the sampled TQA sites from August were encouraging.

Another outcome of the TQAs is a revised set of TA tools developed by the CCP technical team to use on every site visit they make, as well as to be used by provincial level project teams in the same manner. CCP had site visit tools earlier in the life of the project, but these new tools were developed from the extensive learning which has taken place up to now. CCP understands more the TA, training, mentoring, and follow up needs of the local implementers. See the TA Annexes for these new TA tools, found after the Pipeline Annex and the Data Annexes 1-6.

- During this reporting period, Project HOPE provided TA to:

  Administrative and financial departments of their economic strengthening CSOs Kukula, Magariro, ADEM, ADELT and ROADS, aiming to ensure that use of funds is consistently in line with planning instruments, and level of program implementation.

  and

  These same economic strengthening CSOs serving Inhambane, Manica, Sofala, Maputo, Cabo Delgado and Tete provinces, aiming to better harmonize the VS&L group activity within the overall CCP services implementation approach. Topics coverd were group dynamics, quality of groups, partnership development, differentiation of TA to groups at different levels of development, and harmonizing the ASCA and VS&L approaches.

- Public Private Partnership (PPP) processing consisted of work by Project HOPE 1) with MCel on the original mHealth pilot in Manhiça district, 2) with BOM on the Financial Literacy Training Manual, and 3) with Land O´Lakes on linking CCP beneficiaries to the dairy value chain in Manica province.

Activity Area 1.2: Strengthen the provision of comprehensive services at community level for PLHIV, OVC and Pre- and Post-partum women and their families

- The referral tool known as the Guia de Referencia is a key mechanism to nurture comprehensive services delivery. FHI 360 technical officers conducted trainings for 423 participants (*184* male, female *239*) on using this tool to facilitate referrals from the community based programs to the clinical and social services. Training the service providers on receiving these referred patients and clients should assure their collaboration as well as growth in their own capacity.

Table 3: Trainings on use of the Referral/Counter Referral Tool (Guia de Referencia):

Province/District	Total number	Male	Female	Participants
Sofala (Dondo, Buzi and Gorongosa districts)	102	41	61	*Activistas*, CSO Supervisors, GAVV, Health Unit staff (Consultation, Mother Child Health services (SMI), Maternity and Admitting) Social Action technical staff from SDSMAS
Niassa (all 5 districts)	152	50	102	
Tete (Angonia, Chifunde, Chiuta, Macanga, Maravia and Tsangano districts)	127	81	46	
Cabo Delgado (Pemba district)	42	12	30	

This reporting period nearly concludes the long process of introducing the referral tool and training relevant stakeholders and partners across all the project provinces on its use. Only Mutarara district in Tete province remains, which was inaccessible earlier but will be completed in the next quarter. The referral tool is very much in use while awaiting final MISAU approval from the HIV Services Director. Advocates both within MISAU and among CCP staff anticipate such a final approval, and use every opportunity to push it forward.

CCP *activistas* continue collaborating with Health Units and existing social services in the community to refer enrolled project family members. Across the project, 4,141 were referred to clinical and social services during this reporting period. This total represents completed referrals, wherein there is documentation from the referral tool of actual service provision.

Table 4: CCP Total Referrals in Q2 Yr 3 by Province and Area of Services Referred total 4,141

Province	MCH Services						HIV Services						Social Services						Other Services			
	Maternity for birth	MCH	Family planning consultation	post birth Consultation	Consultation for children at Risk	PMTCT	CT	STI	Pre TARV/IO	HIV+ Test	LTFU TARV	PPE	Community/CSO	Education	Social Action	GAVV/Police post	Psychology/Psychiatrist	IPAJ	Malnutrition suspect	Emergency room	TB Suspect	Malaria Suspect
Cabo Delgado	39	58	61	43	68	80	41	39	51	98	21	0	22	66	25	0	0	0	25	25	31	111
Inhambane	48	56	38	22	5	61	63	21	78	39	20	17	55	64	68	0	0	0	17	62	42	118
Manica	8	6	0	0	0	14	0	5	3	15	24	0	1	0	45	0	0	0	1	14	75	14
Maputo	14	7	0	11	6	18	31	2	39	13	48	5	8	20	66	0	0	0	4	9	37	74
Niassa	13	28	3	7	3	21	66	14	66	23	29	1	3	4	34	0	1	0	0	0	0	0
Sofala	20	13	3	25	47	20	240	10	23	49	26	0	14	52	33	2	6	0	0	1	0	0
Tete	85	103	15	28	17	43	157	53	58	85	13	0	4	47	12	0	0	0	43	43	0	0
All totals	227	271	120	136	146	257	598	144	318	322	181	23	107	253	283	2	7	0	90	154	185	317

Note to Table 4: over time CCP is learning that sexual violence cases at community level are treated at the health units first, so go undetected under this reporting structure of direct referral to the service. Decisions will be made how best to adjust the data capturing process.

Home Based Care

- During this reporting period, CCP enrolled a total of 5,139 new HBC clients, about 22% of the Yr3 new clients target. Combining last quarter and this quarter, CCP is then 40% toward the annual target of **new** HBC clients. However, this brings the cumulative total of HBC beneficiaries to date in this year to 16,645 (11,048 female, 5,597 male) across the project, certainly an accomplishment. Out of these, 3,308 clients were discharged (graduated), 318 died, 125 clients were considered lost to follow up, leaving 12, 894 in care. In regards to pediatric ARV treatment, (below 14 years old) CCP has a total of 1,597 pediatric HBC Clients, against 15,048 clients who are 15 years of age or above. During this quarter the project´s technical officers continued working with *activistas* to improve service delivery and observe HBC graduation criteria to further foster new client intake.

Table 5: CCP Achievement in HBC Q2-Yr3 by Province

Province	HBC Annual Target Yr 3	Newly Enrolled in Q1 Yr 3	% of Achievement Q1 Yr 3	*Newly Enrolled in Q2 Yr 3*	*% of Achievement Q2 Yr 3*	Cumulative HBC Q2 Yr 3 Disaggregated by sex, age and outcome							
						Male	Female	Total	0/14	15+	Alive & In Care	Lost to Follow-Up	Dead	Discharged
Inhambane	2340	454	19%	415	*18%*	754	1748	2502	241	2261	2159	14	38	291
Manica	3618	535	15%	1096	*30%*	826	1235	2061	195	1866	1091	18	48	904

Maputo	2610	498	19%	650	*25%*	798	1963	2761	228	2533	2365	14	48	334
Niassa	2736	518	19%	617	*23%*	565	1092	1657	176	1481	1314	7	20	316
Sofala	6688	1202	18%	1117	*17%*	1025	2267	3292	387	2905	2052	53	83	1104
Tete	5040	968	19%	1186	*24%*	1527	2592	4119	334	3785	3677	11	80	351
Cabo Delgado	360	89	25%	58	*16%*	102	151	253	36	217	236	8	1	8
PCC Total	**23392**	**4264**	**18%**	**5139**	***22%***	**5597**	**11048**	**16645**	**1597**	**15048**	**12894**	**125**	**318**	**3308**

Table 5 shows this reporting period's ***Newly Enrolled***, while Data Annex 4 provides the detailed results.

Orphans and Vulnerable Children

- CCP achieved 20% OVC service provision in this reporting period across the project, having enrolled a total of 13, 934 new OVC. With achieving 30% of annual target during the last period, CCP is well on track at the project mid-year point.

- A total of 65,067 OVC (32,724 male, 32,343 female) received various services during this reporting period, many of them receiving multiple services and/or referrals. A total of 44,903 OVC (about 32%) received psychosocial support, 23,147 OVC (about 17%) were referred to education, and 20,906 (15%) were referred to health units. CCP reports on completed referrals, so we can assume the outcome is that 20,906 OVC received the services they needed at the health units. About 14,969 OVC (11%) received legal support, 2,148 (2%) received economic support and 1,532 received shelter support . Shelter support usually means the *activistas* have rallied needed community resources and materials to either rehabilitate or build a house. 30,676 OVC (about 22%) received nutritional support which includes nutritional counseling and education, cooking demonstrations using local products, and food baskets from various implementing partners). This last component is actually quite rare. For example, in Niassa province, only Cuamba of the five CCP districts has a functioning INAS. Only 5 of the 9 referred children met the qualifying criteria of being HIV+ and having lost their mother at birth, and received any food benefits – milk.

Table 6: CCP Newly Enrolled OVC in Q2 - Yr3 by Province

Province	OVC Target for Yr 3	Newlly Enrolled in Q9 OVC	% of Achievement in Q 2 Yr 3 against OVC Yr 3 Target		Cumulative Q2 Yr 3 Disaggregated by Sex and Service Type									
					M	F	Total	Economic	Food	Shelter	Education	Health Referral	Social	Legal
Cabo Delgado	1048	241	*23%*		611	649	1260	3	580	0	609	783	731	141
Inhambane	6812	2184	*32%*		3505	3837	7342	304	5486	342	2268	2419	6431	1091
Manica	10532	2843	*27%*		3771	3874	7645	100	3152	81	3887	2479	4019	1408
Maputo	7598	1477	*19%*		4313	4297	8610	524	6526	523	4606	3166	5459	3561
Niassa	7965	1947	*24%*		7074	7008	14082	575	2942	100	2045	1402	11636	575
Sofala	19454	3134	*16%*		6801	6764	13565	355	5122	132	4599	5495	9050	2860
Tete	14672	*2108*	*14%*		6649	5914	12563	287	6868	354	5133	5162	7577	5333
	68081	13934	*20%*		32724	32343	65067	2148	30676	1532	23147	20906	44903	14969

Adherence Support

- Activities to strengthen adherence support and retention of PLHIV on treatment were carried out by CSOs in collaboration with local ARV committees and SDSMASs across the project provinces. 3,420 clients received adherence support and *activistas* link the graduated HBC clients to GAAC and Mother to Mother groups to ensure ongoing adherence support and retention on treatment.

- The district level Health Management Committees (Comités de Co-Gestão de Saude) based in the HUs continue to play a very important role within the project regarding linkages and fortifying the referral system. A good example of linkages is the CSOs providing community leader contact information to these committees. This information is used by the HU then contacts such community leaders to verify and confirm patients addresses, and also helps during "*busca activa"*. This activity facilitates the location of patients and reduces cases of loss to follow up.

- "*Busca activa*" is a key activity related to PLHIV adherence and retention.. During this reporting period, CCP achieved 49% on "*busca activa*" – patients recovered and reintegrated into their HU for ART. CCP feels this is due to improved linkages between *activistas*, health units, the use of case managers and focal points in the HU and community leaders who play a very important role in identifying lost to follow up. CCP operates this target differently than the others; we aim for 60% Recovered and Reintegrated of those who are on the quarterly lists. Performance in this area continues to improve structurally, but there will always be fluctuation across months, across quarters, since any quarter's "Recovered" could have originated on any previous quarter's lists.

Table 7: Busca Activa in Q2-Yr3 by Province

Province	List to CSO Q1 Yr 3	% of Recovered and reintegrated to HU against List to CBO Q1 Yr 3	List to CBO Q2 yr 3		Recovered		Recovered and Reintegrated into HU		% of Recovered and reintegrated to HU against List to CBO
			M	F	M	F	M	F	
Inhambane	36	6%	49	108	19	71	12	53	**41%**
Manica	274	33%	73	96	36	48	27	35	**37%**
Maputo	156	28%	115	129	58	88	53	67	**49%**
Niassa	205	54%	79	139	52	83	42	63	**48%**
Sofala	630	59%	132	257	94	188	88	173	**67%**
Tete	220	49%	129	130	47	49	49	47	**37%**
Cabo Delgado	55	49%	59	43	15	22	15	22	**36%**
Total	**1576**	**48%**	**636**	**902**	**321**	**549**	**286**	**460**	**49%**

Note to Table 7: There will likely always be variances from quarter to quarter in the numbers of PLHIV to trace, trending up or down. There are many factors at play in the clinics, often their own processes are insufficiently standardized. We know that CHASS SMT will make a concerted effort to step up its supervision to encourage such standardization.

HBC and Family Health Kits

- Routine periodic replenishment of HBC kits took place according to needs. TA also includes attention to rational use and management of medications in the kits, with the *activistas* using daily control sheets and the CSOs' nurse/supervisor balancing supplies on a monthly basis. SDSMAS HBC Focal Points on Joint Supervision visits also check medications management.

- The collaboration with PSI remains strong, providing thousands of Family Health Kits to CCP beneficiaries as a USAID-funded wrap-around service. Initial kits, OVC kits, and replenishment components (such as the water purification product Certeza) were received for normal distribution across all project provinces in this period, excepting Tete, as shown in Table 7 below. PSI will deliver the necessary kits and train all the *activistas* in Tete in the next quarter. These kits and their contents provide a useful platform for *activistas'* providing health education during visits to PLHIV, OVC, and PPPW.

Table 8: PSI Family Health Kits disaggregated by new or refill type

Province	Total distributed	Beneficiary			
		PLHIV		OVC	
		Initial	replenishment	Initial	replenishment
Cabo Delgado	40	0	100	0	140
Niassa	7840	1750	0	5110	0
Manica	2309	0	910	0	1399

Inhambane	6000	0	1500	0	4500
Sofala	11777	0	2754	0	9023
Maputo	1200	0	500	0	700

- The CCP mHealth initiative was presented in March at the MOH mHealth workshop, where all other NGOs that promote mHealth were gathered. The aim of the workshop was to map all the mHealth interventions and exchange experiences.

Result 2: Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).

Activity Area 2.1: Strengthen the CSOs to assure compliance with MMAS minimum standards for OVC and support the National Action Plan for OVC

- In Maputo Province (Matutuine), CCP facilitated the formation of 3 Child Protection Committees with representation of at least 1 OVC. MMAS and Save the Children developed a Reference Guide for the Establishment and Functioning of Child Protection Committees. During Q9, this Guide was distributed to all CCP implementing CSOs with the exception of Pemba. In this reporting period CCP distributed the manual to the Pemba city CSO partner and provided on the job training on the functioning of these committees.

- In Sofala province, 92 new Child Protection Committees (CPC) have been established by the government with the facilitation of CCP, in all the districts except Muanza and Gorongosa which joined CCP after the other 11 districts. These new CPCs established during this quarter are a result of linking well with government partners, and full involvement of Social Action staff from SDSMASs in using the CPC development manual distributed by CCP last quarter. There are plans to begin to evaluate the outcomes resulting from these CPCs in next quarter.

- 66 new Children's Clubs were created in this reporting period, reaching a total of 2305 OVC, distributed as Table 8 shows below. While no new Children's Clubs were created in Inhambane province this quarter, 178 new children joined the existing ones. To best protect children who are accessing the Children's Clubs, CSOs are recommended to establish the clubs within the communities of the children participating. There will always be variance from quarter to quarter as to where new Children's Clubs are raised, depending on a variety of factors.

Table 9: Childrens Clubs created and number of children participating, disaggregated by gender in Q2-Yr3 by Province

Province	# of Club Established	children disaggregated by gender		Total children participating
		M	F	
Manica	18			1021
Maputo	35	195	178	373

Niassa	3	58	75	133
Sofala	7	288	393	681
Tete	3	44	53	97
Total	**66**	**585**	**699**	**2305**

Note to Table 9: Manica Province did not disaggregate this quarter but has corrected its reporting to do so for the future.

Activity Area 2.2: Partnerships and linkages are used to ensure OVC Services are comprehensive and accessible

- In regard to PPPs for OVC in Sofala, the CSO Kugarissika continues strengthening the partnership with SOS to ensure provision of food baskets, school uniforms and materials. In Dondo, an MoU is in progress between Kuphedzana and Açucarreira de Moçambique for intermittent support, depending on children's ad hoc needs, rather than a standardized package.

- In Mecanhelas district in Niassa province, there are two nutritional centers supporting OVC, and Group Africa da Suecia provided food baskets for 32 OVC enrolled with the CSO in Cuamba district. They target PLHIV OVC. In Moamba district in Maputo Province, 350 OVC benefited from food baskets composed of maize meal and beans through WFP, their targeting is much broader to include OVC generally or children with a mother in a vulnerable situation.

- In Barue district in Manica province, CCP identified about 400 children to become involved in the Open Center, originated by Save the Children and now run by the Child Protection Committee. The activities include: farming, tailoring and cultural activities. The produce from the farm is used for cooking demonstrations by the *activistas*.

- In Mandimba district in Niassa province, the CSO, in coordination with the government, Social Action, and community leaders, mobilized community resources to build a two room house which was then donated to a program beneficiary, a widow and mother of 5 children. She and one of her children are HIV positive.

- Given the challenge to find PPPs for vocational training for OVC in all provinces, efforts are being made to identify private sector entities that work on welding, merchandising, tailoring and building to refer children between 15-17 years of age.

Result 3: Increased number of HIV/AIDS positive individuals and affected households has adequate assets to absorb the shocks brought on by chronic illness.

Activity Area 3.1: Increase access to skills building and household economic strengthening opportunities to improve the wellbeing of all target groups

- During this reporting period, 84 VS&L groups were established, totaling a cumulative 373 VS&L groups across the project. The VS&L groups' total membership has increased from 5,980 to 7,298. (2,313 male and 4,985 female). The 373 current groups have a total savings of 4,594,240 Meticais (approximately $153,140 US). The total savings since the

VS&L activity started is 8,042,180 Meticais ($268,073 US), which has allowed for total loans to date of 6,990,952 Meticais ($233,032 US) and interest payments back totaling 1,405,339 Meticais ($46,845), contributing to the groups' total social fund investment of 469,679 Meticais ($15,656). See Table 11 for this reporting period's group status/achievements. Reporting on the VS&L groups in future quarters will include the amounts of savings etc in the data tables. The VS&L group component of PCC is one of the most promising and successful activities within the overall holistic, family approach. PCC looks forward to future deeper analysis with Project HOPE on all aspects of this family economic strengthening component.

- A VS&L group member database was introduced in the offices of CSOs in Inhambane and Tete Provinces to allow for evaluation of how VS&L groups contribute to a change in the socioeconomic status of members' households. This database will continue to be rolled out.

Activity Area 3.2: Partners collaborate with others to reduce the economic vulnerability of CCP households

- As mentioned above, World Relief in Inhambane is facilitating a partnership with Africa Works, who will provide financial management trainings for 100 CCP beneficiaries in May, next quarter. Eligibility criteria for subsequent small business loans include: membership in a VS&L group, a fixed physical address, and participation in the Africa Works training. A positive synergy for CCP beneficiary families is the result of the Project HOPE CSO Kukula, World Relief, and Africa Works.

Cross Cutting Activities

Activity Area 4.1: HBC/OVC integrated Curriculum

- MISAU in collaboration with URC, CCP, VSO, DSF and MMAS carried out research on the integrated care model with the aim to revise minimum standards of service provided to PLHIV and OVC. They plan to disseminate their findings next quarter. The project very much looks forward to the conclusions and new service standards.

- FHI 360's Technical Quality Assessment (TQA) process is becoming more established in the Mozambique country office. In general, the TQA objectives are to: (i) assess data quality;(ii) assess technical achievement, (iii) identify CSOs' strengths and weaknesses and provide recommendations for improvement, (iv) transfer skills to Provincial Leads to enable them to follow up the recommendations, and (v) collect data to develop strategies to improve the CSOs' performance.

- To further build performance, CCP with the consortium partners, is developing an appraisal tool to recognize *activistas'* competencies. This will require their supervisor's full involvement and accountability, therefore also building supervisory competency. The technical checklist and minimum standards references developed for strengthening TA provision, will also be used in the *activista* domain. As noted earlier, the checklists are annexed to this report.

Activity Area 4.2: Community Mobilization

Meetings with community committees were carried out across the project to maximize community involvement, strengthen the "*busca activa*" process, strengthen identification of beneficiaries to be enrolled in the program, and ensure continuity of activities at community level.

- In Inhambane Province (Maxixe and Inharrime), Niassa (all 5 districts), Manica (Barue, Sussundenga,) Maputo (Matutuine, Moamba), in Tete (Angonia, Changara, Chifunde, Macanga, Magwe, Moatize e Tete City) meetings were held with Community Leaders Committees to discuss:
    - Introduction of new (replacement) *activistas*, kits supply and handling of bicycles, selection of new *activistas,* revitalization of M2M groups, and creation of Children's Clubs.
    - Coordination and collaboration with the health department for care and water treatment. .
    - Selection and distribution of new service areas for interventions.
    - Involvement of community leaders in mobilization for public health promotion
    - Creation of Child Protection Committees
    - Sharing information on program beneficiary and "*busca activa*" needs
    - Participation of community leaders in the ARV committees
    - Mobilization of OVC caregivers to enroll in the VS&L groups.

As a result of community leaders' involvement in Inhambane province for example, more CCP beneficiaries joined VS&L groups, there is more recognition of the importance of providing support and assistance to vulnerable children, and the chronically ill, and a reduction in stigma and discrimination against PLHIV. In Maputo Province (Matututine), Comité TARV now includes community leaders as members as well as the clinical support partner ARIEL.

- In public health promotion in Pemba, CCP *activistas* participated in the campaigns for cholera and malaria prevention directed by the City Health Department.

- In Mothers to Mothers (M2M) groups, CCPs *activistas* continue providing education sessions and sensitization on HIV prevention, adherence, nutritional education (cooking demonstrations), and utilization of clinical and social services available in the communities.. As new M2M groups start up, they feel encouraged by *activista* participation.

- In Niassa Province, implementing partners carried out educational sessions to orient the community on how to proceed in cases of domestic violence.

Activity Area 4.2: Self Care

- CCP is taking time to develop its "care for the caregiver" program component, preferring to learn from the *activistas* themselves what their needs are and what methodologies they might emphasize. We do not propose a one size fits all approach. Some examples to consider include the following. In Maputo province, meetings between SDSMAS, ARIEL and MMAS focal points aimed to define strategies to provide PSS to *activistas*. In Manica

Province, two CSOs' *activistas* in Gondola and Chimoio districts, took the initiative to meet amongst themselves on a monthly basis to discuss challenges and find ways to overcome them. Other meaningful activities such as dancing and prayer sessions occur and some take the opportunity to present their family problems and seek advice.

- During this reporting period, CCP implementing partners across the project sensitized and promoted the involvement of men in family health. CCP and PSI finalized negotiations on providing Family Health Kits to *activistas,* as well as those they care for in the communities. This will be a very welcome recognition of the level of need the *activistas* have themselves.

- Some VS&L group members used their income for purchasing seeds for domestic gardens, and school materials, during this reporting period.

- In Manica and Inhambane Provinces, two CSO partners are promoting family and collective farming, where different vegetables are produced for consumption and for sale. The income from the vegatables sales is used for contributing to the sustainability of the CCP beneficiary families and acquisition of seeds.

Activity Area 5.1: Program Management

The majority of Work-plan activities under Program Management are routinely carried out and only special issues will be highlighted here or have already been discussed earlier in the report.

- Staffing:
  Maputo: The Sr M&E Officer recruitment to replace Ms. Juliana Conjera is finalized; the new officer will take up his post in April, and will undergo induction with both the SAPR and Q10 reports to provide a rigorous orientation to CCP. When he joins, Ms. Conjera will then transfer to her new role with FHI 360 as Data Quality Manager, still providing support to CCP as well as the other projects.
  Niassa: The replacement M&E officer will take her post in April, following the officer who resigned.
  Tete: The recommendation resulting from the FHI 360 Technical Quality Assessment (TQA) of August 2012, to hire an additional M&E Officer, took a long time but a suitable candidate was finally identified and will take up her post in April.
  Sofala: The same TQA recommended a second M&E Officer for this province as well, he will take up his position in April.
  Africare: New Country Director Charles Ellmaker has filled the vacancy left by Eric Lundgren's departure. Charles was duly inducted into CCP during the February Technical Committee Meeting, where the previous quarter's results and issues are reviewed and responded to. Africare is also recruiting for a replacement CCP Provincial Coordinator.
  Project HOPE: This quarter, PH is recruiting for a replacement technical officer.

  FHI 360 Maputo:
  The recent successor Country Director departed his post during this reporting period. The FHI 360 Regional Director and his team assisted with naming Dr. Dario Sacur as Acting Country Director while the search for a permanent Country Director was re-launched. This interim period will include strong collaborative support from regional and local senior manager teams.
  The Associate Director for Programs left her post, returning to the US for family reasons.

She still supports CCP and FHI 360 Mozambique from headquarters and her successor is expected in the next quarter.
The Strategic Information Director will complete his two years and depart during next quarter. He has been actively engaged in the hiring of his successor.

- Subcontracts:
  The Grant Under Contract (GUC) with Associação COMUSANAS in Gorongoza district, Sofala Province, was fully executed. Working materials for *activistas* and supervisors have been distributed (HBC Kits, bicycles for activistas and motorbike for supervisor) and the *activistas* underwent initial Integrated HBC/OVC training. All 13 districts are now operational. (Gorongoza came on board much later than the rest of the province due to relaunching the selection process. Problems with the first selected CSO became apparent before fully executing any GUC with them.)

  Three GUCs in Niassa will conclude at the end of Q12 (end September 2013). An open public solicitation and competition were commenced this quarter to identify CSOs in cuamba, Mandimba, and Mecanhelas districts, to replace the Lichinga-based "umbrella" organizations.

  The subcontract with the selected local organization (ADEM) for carrying out organizational capacity building to CCP's CSOs in Cabo Delgado, Niassa, Inhambane, and Tete provinces was finalized and approved by USAID. Organizational capacity building activities for these CSOs will start next quarter, as soon as FHI 360 HQ also approves the subcontract.

- mHealth:
  There were 25 new mHealth participants in the continuing Manhiça district activity during the quarter, of which 8 received an Mcel starter pack increasing the number to 152 who are receiving the cell phone messages. The mHealth pilot underwent a Process Evaluation during this quarter; the report was provided to the mission earlier in both English and Portuguese. While one of the findings was willingness of community beneficiaries to continue, a second mHealth activity is under development this quarter for implementation next quarter to improve *busca activa*, rather than to scale up this first mHealth activity as first envisioned. See Section 10, Evaluation Update for more details.

- Reporting to the government of Mozambique has grown in volume and frequency. Since the provinces do not necessarily share a standard timetable or format, a variety of quarterly reports were concluded and submitted to government in the seven provinces where CCP is operating.

- CCP carried out a performance assessment in the previous quarter in Niassa (Cuamba, Mandimba, Mecanhelas, Ngauma), which revealed a combination of reduced need for HBC as well as some less than satisfactory performance. As a result, in this quarter 42 *activistas* were reduced from the "umbrella" organizations supporting CCP. The number of *activistas* should be driven by the need for HBC in the communities. In the cases of Cuamba, Mandimba, and Mecanhelas, CCP will utilize the current process of identifying non-umbrella CSOs in these areas to determine their exact areas of implementation based on need.

- Quarterly meetings are held with all CSOs in each province and are facilitated by CCP with the participation of the CSOs' coordinators, nurses and supervisors.

- Participation in technical working groups held in Maputo produced the following results:

    - HBC Task Forces facilitated by MoH, discuss the minimum standards of integrated care, review the operations manual and training curriculum for integrated care service providers, and plan for revising the supervision tool and M&E indicators.
      The Integrated Caregiver Curriculum is ready to be submitted for approval in May.

    - Two nutritional meetings were held to discuss the (PRN) National Nutritional Rehabilitation Plan.

    - CCP shared on its strategy of using the MUAC tape to identify clients for referral to the rehabilitation centers

    - During this quarter, CCP participated in six MMAS OVC technical meetings with other OVC Technical groups to: (i) analyze and discuss the minimum standards for OVC and caregivers as well as instruments; (ii) review the TOT training manual for Child Protection Committees, (iii) coordinate activities related to child protection; (iv) finalize the National Action Plan for children II (PNAC); (v) discuss strategies to improve the quality of services provided to OVC, (vi) analyze and discuss the minimum package of services for youth and vulnerable children in the standards of psychosocial services provision. Recommendations for CCP by MMAS during the national PNAC II meeting were: to consolidate OVC support activities based on PNAC, and find strategies to respond to the needs of caregivers.

- Project HOPE met with MCel to discuss contractual issues in the Memorandum of Understanding, since the MCel-CCP activity got transferred from their Marketing Department to their Social Responsibility Department, which operate a bit differently from each other. The new GD was updated on the activity.

Activity Area 5.2: Collaboration and partnership
Many activities in this content area are reported in earlier sections of this report.

- During this reporting period CCP met with REDE CAME and ICDP, to establish an MoU with the objectives of strengthening the capacity of the CSOs and government partners in providing specific services to OVC across the project such as trainings on children's rights and protection. Detailed joint planning for implementation will take place in coming months.

- The CCP partner AMODEFA in Maputo province is still in process with MOZAL for establishing a PPP for OVC and PLHIV support. The support includes distribution of food baskets based on MISAU minimum standards, school uniforms, other school materials, and building materials for OVC families, focusing on child headed households. Although MOZAL has replied positively, a pre-award assessment to the CSO office still needs to be undertaken.

- During this reporting period an MoU between CCP and ARIEL Foundation has been fully executed with the aim to: (i) enhance referral network management, (ii) strengthen "busca activa", (iii) and mobilize for adherence to pediatric ARV and PMTCT.

6. Project Performance Indicators

Table 10: Project Performance Indicators

Indicator Per your province	Annual Target #	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
# of new HBC clients	23,392	4,264	18%	16,645	71%				
# of cumulated HBC clients receiving care		14,290		16,645					
# of New OVC served	68,081	20,442	30%	13,934	20%				
# of cumulated OVC served				65,067					
# pre/post-partum women referred to PMTCT	3,872	449	12%	196	5%				
# receiving nutrition services	26,964	13,475	50%	21,225	79%				
# Participating in Kids' Clubs	10,244	4,061	40%	3,296	32%				
# Referrals to MCH(general)HIV (CT), Social services	32,285	1,442	4%	2,568	8%				
# Referrals to TB/Malaria and CCR	3,897	0	0%	483	12%				
# of OVC 15-17y.o. referrals to family planning	5,307	0	0	0	0%				
% HIV defaulters on list returned to ART/ clinic	60%		48%		49%				
# VS&L groups formed	341	65	19%	84	25%				

- See Data Annexes 3 and 4 for full HBC data, both cumulative and for this quarter only.
- During this reporting period, CCP achieved 20% of the new OVC target for Yr 3, with nearly 50% each for both sexes. See Annexes for full OVC services breakdown.

- Out of a total of 1,264 Pre- and post-partum women served by *activistas*, 196 were referred to PMTCT services, thus 5% of the annual target. However, CCP *activistas* have now mastered the use of the referral tool and we believe referrals for PMTCT will increase during the next quarter. Also, clients are now more often revealing their HIV status to the *activistas*.

- Regarding nutrition services, CCP *activistas* provided nutritional support to 21,225 beneficiaries. Out of these, 2,248 beneficiaries are PPPW. The nutritional services include nutritional counseling and education, cooking and household garden demonstrations, referral to nutritional rehabilitation centers and health facilities.

- The *Busca Activa* target means achieving a 60% performance rate each quarter of reintegrating treatment defaulters to their ARVs regimens on the clinic lists.. At 49% level for this period, this suggests stronger collaboration between the community and clinical practitioners. One new strategy in Inhambane has been community leaders providing their own contact details to the clinics, to verify patients' addresses much earlier in the process.

- Table 11 shows VS&L group formation for this quarter; Table 12 shows total group formation since inception.

Table 11: Q2 – Yr 3 VS&L Groups disaggregated by province and gender

	Global Targets				Accummulated achievements				Achievements this quarter			
Province	**Number of Groups**	**Number of beneficiaries**			**Number of Groups**	**Number of beneficiaries**			**Number of Groups**	**Number of beneficiaries**		
		M	**F**	**T**		**M**	**F**	**T**		**M**	**F**	**T**
Maputo	35	210	490	700	34	173	571	744	05	21	50	71
Inhambane	70	420	980	1.400	46	149	789	938	05	21	97	118
Sofala	182	1.080	2.560	3.640	121	826	1.481	2.307	23	134	262	396
Manica	140			2.800	87	673	1.258	1.931	11	76	216	292
Tete	182	1.080	2.560	3.640	32	263	392	655	18	149	198	347
Niassa	70	420	980	1.400	46	227	384	611	20	48	30	78
Cabo Delgado	10			280	07	02	110	112	02	00	11	11
Total	**693**			**13.860**	**373**	**2.313**	**4.985**	**7.298**	**84**	**449**	**864**	**1.313**

Table 12: Cumulative VS&L Groups disaggregated by province and Gender

Province	Number of Districts	Number of active Facilitators			**Groups Esta-blished since inception**	**Membership since inception**		
		Female	Male	Total		Male	Female	**Total**
Maputo	5	5	6	11	**29**	152	521	**673**
Cabo Delgado	1	3	0	3	**5**	2	87	**89**
Inhambane	5	9	1	10	**41**	128	699	**827**
Manica	10	11	9	20	**76**	597	1,042	**1,639**
Sofala	11	11	11	22	**98**	692	1,219	**1,911**
Niassa	5	5	5	10	**26**	197	336	**533**
Tete	12	9	15	24	**14**	114	194	**308**
Total	49	53	47	100	**289**	**1,882**	**4,098**	**5,980**

7. Major Implementation Issues

- Acquisition of school materials for OVC is still under development. CCP is surveying all districts for norms of school-going children so that whatever the project provides will match local realities, to avoid stigmatizing children.
  CCP follows up any leads it hears of to establish partnerships for hopefully such materials.
- Some health officers do not recognize the referral/counter-referral tool, since MISAU hasn't yet given final approval. Thankfully this is a small number.
  CCP continues to reach out to such health officers, steadily building toward the MISAU final approval.
- Identification of local partners to provide vocational training to CCP targets groups remains a challenge.
  CCP technical staff and provincial leads are all on the lookout for viable partners and follow up on every lead.
- Lack of nutritional rehabilitation centers for referral in some districts remains a challenge.

8. Collaboration with other donor projects

Collaborations with other donor projects are well discussed in earlier sections of this report, under their Workplan Activity areas.

9. Upcoming Plans:

- Financial management training for VS&L groups in Inhambane by Africa Works.
- Training for CSO supervisors and CCP staff on supportive supervision.
- Gender TOT for Manica, Niassa and Tete
- Gender trainings for *activistas* in Inhambane, Sofala, Niassa, Tete and Manica.
- TA in all project technical and administrative areas.
- Capacity building for CSOs on financial management.
- Aligning of training plan for Capacity Building for the provinces of Tete, Niassa, Cabo Delgado and Inhambane CSOs when ADEM is approved by FHI 360 HQ.
- CSOs evaluation that have benefitted from capacity building in year two, facilitated by CAP.
- Piloting the strategy for the recognition of competence of *activistas* and CSOs.
- distribution of Family health kits to *activistas*
- Selection of new CSOs to replace umbrella organizations to implement CCP activities in Niassa province
- COP attend USAID Rules and Regulations workshop
- Key M&E staff attend FHI 360 DQA workshop
- FHI 360 country program audit
- Poster presentation at South Africa AIDS Conference
- CCP Advisory Council site visit

10. Evaluation/Assessment Update -

Completed during the reporting period:	
Title or subject for study 1	Date completed
Brief description of major findings and recommendations	
Title or subject for study 2	Date completed
Brief description of major findings and recommendations	

Underway during the reporting period:	
mhealth Process Evaluation	
Understand 1) how people feel when they receive reminder messages for medical consultation, CD4 and others; 2) how this activities' processes might be improved	

Planned:	

11. Reminder on Success Stories and photos: See Success Stories Annexes following the Technical Assistance Tools

12. Q2 – Yr3 Pipeline Report: See Pipeline Annex, the first one